The POLICY Project

HIV/AIDS TOOLKIT

BUILDING POLITICAL COMMITMENT

AUGUST 2000

Building Political Commitment for Effective HIV/AIDS Policies and Programs

TOOLKIT OVERVIEW

The Joint United Nations Programme on HIV/AIDS (UNAIDS) recently released its *Report on the Global HIV/AIDS Epidemic, June 2000*, a state-of-the-art commentary on the status of the HIV/AIDS epidemic in the world. The statistics for sub-Saharan Africa remain grim. At the end of 1999, 34.3 million people were HIV-infected throughout the world, 24.5 million of whom were sub-Saharan Africans. About 5.4 million persons became newly infected in 1999, more than 4 million of whom were sub-Saharan Africans. The large majority of the 1.3 million children who are infected are African children.

But the UNAIDS report offered hope as well. It noted that enough world experience exists to know that it is possible to mount an effective national response to limit the spread of HIV and mitigate the effects of the epidemic. While cautioning that no universal blueprint exists, the report drew on some of the common features of effective national responses. Political will and leadership were first on the list. "Effective responses are characterized by political commitment from community leadership up to a country's highest political level," UNAIDS declared.

What is political commitment and why is it so important? Is it possible to take conscious actions to build political commitment as a key step in combating HIV/AIDS in sub-Saharan Africa? Are there blueprints or approaches that have proven to be effective? The toolkit considers these questions and offers some discussion and guidelines for activists determined to increase political commitment for effective HIV/AIDS policies and programs. Although this toolkit focuses on sub-Saharan Africa, many of the principles and approaches discussed also will be relevant to other regions of the world.

The Main Components of the Toolkit

Building Political Commitment

This component is the introduction to the toolkit. It discusses the nature of political commitment and why it is so important to efforts to combat the HIV/AIDS epidemic. It offers a set of questions to assist potential toolkit users in getting a quick idea whether political commitment issues are of importance in their own country.

Building political commitment for an effective national response to HIV/AIDS is as much an art as a science. This toolkit is intended to be expanded and updated as required based on feedback from users - so comments and suggestions are welcome.

Measuring Political Commitment

One of the important values of this toolkit is that it describes ways to measure political commitment through both individual and comprehensive indicators. By using these kinds of measurement tools over time, it is possible to get a sense of whether the level of political commitment to effective HIV/AIDS responses is changing over time.

The AIDS Impact Model (AIM) Approach

The AIM approach has been one of the effective tools used to build political commitment in a number of sub-Saharan countries in recent years. This component includes discussion of the AIM approach with a step-by-step description of an AIM application. It gives examples of country use and tells how to obtain the AIM computer model and sample AIM books.

Building Political Commitment at Subnational Levels

Many countries in the region have or are in the process of decentralizing many government functions. In these countries, it is critically important that districts develop and implement strong HIV/AIDS programs. This component discusses approaches that can be used to develop political commitment at the district level.

Building Political Commitment Through Broadening Participation in the Policy Process

The more that interested actors from the government, the private sector, civil society, and the communities can be engaged in policy dialogue, planning, and evaluation, the greater the chances for an effective response to the epidemic. This component describes different approaches for enhancing the participation of all sectors.

Building Political Commitment

INTRODUCTION

This component of the *Building Political Commitment for Effective HIV/AIDS Policies and Programs Toolkit* describes the content and importance of political commitment to effective HIV/AIDS programs. It describes political commitment as a willingness on the part of leaders to use their positions, insofar as possible, to support effective action to limit the spread of HIV and mitigate the impacts of the epidemic. This action needs to be based on a solid understanding of the nature of the epidemic and its impact on African development. National leaders include not only political and government leaders but also civil, community, private sector and business, religious, education, military, nongovernmental organization, and many other leaders.

This discussion notes the important leadership role that ranking political leaders can play in combating the epidemic and the special role of government. It then gives some examples of what actions different types of leaders can take now to combat the epidemic.

Guiding Questions

Since this is the first component of the toolkit, this is the stage-setter. Readers should use this component to decide whether the toolkit is potentially useful in their respective settings by asking themselves these guiding questions:

- Do most HIV/AIDS program implementers and activists believe that they have the unequivocal support of the highest levels of government to carry out their activities?

- Are HIV/AIDS Control Programs led by the very best people available in the country? Are program managers confident that they are receiving all possible support from government leaders?

- Have political and program leaders succeeded in mobilizing the maximum amount of resources available from both national and international sources?

- Have ministry and organizational leaders been successful in sustaining a multisectoral response over time?

- Have senior political leaders clearly signaled the importance of AIDS and its multisectoral nature through the establishment of a National AIDS Council to provide the necessary visibility and high-level coordination that is required?

- Has the National AIDS Control Program (NACP) articulated a National Strategic Plan that has been endorsed by the president, cabinet, and Parliament and that has received funding that matches the scope of proposed activities?

- Do senior political leaders speak out effectively and often about HIV/AIDS? Are they strong in their opposition to stigmatizing or discriminating against the HIV-infected? Do they consistently support the human rights of HIV-infected individuals?

- Do senior political leaders recognize the special burden that the HIV/AIDS epidemic places on women?

- Is the country collecting sufficient information to confidently describe the nature and course of the epidemic?

- Is behavioral research sufficient to inform government decisions on intervention priorities?

- Has the government evaluated the costs and effectiveness of alternative interventions? Has it established priorities for which interventions need to be scaled up to the national level as soon as possible?

- Has the government rationally determined the most efficient, equitable, and effective allocation of available resources?

- Has the government led a participatory effort to establish a comprehensive national policy on HIV/AIDS?

- Is the supporting set of laws and regulations designed to make HIV/AIDS policies and programs function as effectively as possible adequate?

- Are there clear and effective operational policies and guidelines in place to support policy implementation?

- Do leaders representing different sectors and interests frequently share information with their constituencies about the epidemic—its extent, the nature of the disease, how HIV is spread, the fatal consequences, and how individuals can protect themselves and their loved ones?

- Do leaders use scientific knowledge about the epidemic as accurately as possible?

- Do leaders at all levels consistently speak out against stigma and discrimination? Do they actively promote the human rights of people living with HIV/AIDS?

- Do leaders consistently state open and strong support for intervention programs, and do they strive to keep HIV/AIDS high on the national agenda?

- Are district leaders ensuring that HIV/AIDS programs are not weakened in the course of decentralization?

- Have community leaders adopted strategies to accommodate the staggering rise in the number of orphans as a consequence of the epidemic? Has HIV/AIDS education been integrated into the school curricula throughout the country?

- Are churches, mosques, and other religious organizations using their unique position in society to influence HIV/AIDS policy and develop specific programs?

This list is not all-inclusive. Still, if the answers to most of these questions are positive, then political commitment is not an area that demands resources and attention. However, if the answers to many of these questions are negative, then it may be worthwhile to look at the remainder of the toolkit.

Political Commitment: What is it

At the XIII International AIDS Conference held in Durban, South Africa, in July 2000, speaker after speaker extolled the need for strong political commitment as a key factor in helping to bring the HIV/AIDS epidemic under control. What does political commitment mean in this context? And why do so many people think it a critical factor in addressing the HIV/AIDS epidemic?

Political Commitment to and Leadership for HIV/AIDS Programs

Political commitment is the decision of leaders to use their power, influence, and personal involvement to ensure that HIV/AIDS programs receive the visibility, leadership, resources, and ongoing political support that is required to support effective action to limit the spread of HIV and mitigate the impacts of the epidemic. This commitment is often underscored by an accurate understanding of the crisis dimensions of HIV/AIDS in much of Africa.

Political commitment in the broadest sense means leadership commitment. Country leadership includes political and government leaders and managers, including the president or prime minister, ministers, permanent secretaries, parliamentarians, party leaders, program managers, district leaders, traditional leaders, and many others. But it also includes civil and community leaders at all levels of society, private sector and business leaders, religious leaders, directors of non-governmental organizations (NGOs), leaders in education and the armed services, and others. Perhaps a useful way to think of leadership is that it includes not only the handful of the most powerful people running the country but also the 5,000 to 10,000 most influential individuals running all levels of the government and the institutions of the country.

The Importance of Political Commitment and Leadership for HIV/AIDS Programs

Although leadership is given a broad definition, this should not disguise the fact that senior political leaders can do much to strengthen the fight against HIV/AIDS. In many African settings, for example, support from the highest political levels is often seen as stated permission to pursue aggressive policies and activities. Without this support, activities tend to be much more tentative.

The level of political commitment affects the staffing of HIV/AIDS programs. If high-ranking officials truly understand the devastating character of HIV/AIDS, they will make certain that the best people in the country are assigned to run national programs. In fact, one way to test political commitment in a country is to look at the quality of people asked to direct major programs. And the opposite is true as well. Unless they are confident that they have strong political support, the best program managers tend to move toward other assignments.

and Why Is it Important?

As expected, the level of political commitment also will influence the amount of financial resources available to address the epidemic. If HIV/AIDS is recognized as a crisis epidemic, then the response will be different than if it is considered to be just one more health problem among many. And the seriousness of political intent can, of course, affect the volume of resources that the donors are willing to commit in a country.

HIV/AIDS has been recognized as more than a health problem, and most countries have moved toward a multisectoral response that involves most government ministries, the private sector, and NGO institutions and organizations. One of the problems with the multisectoral approach is that it is difficult to sustain over time. If a ministry's primary mandate is education or agriculture or employment, it is difficult to keep HIV/AIDS high on the agenda. An intense political commitment helps. A high-level body such as a National AIDS Council is an effective mechanism some countries have used to ensure that individual ministries, and others, keep AIDS on the political agenda.

Openness about HIV/AIDS and vocal opposition to stigma and discrimination by senior political leaders can help create an enabling environment for effective interventions and behavior changes. Adult HIV prevalence has dropped in Uganda throughout most of the 1990s. While not all the reasons for this decline are well-understood, Ugandans invariably point to the strong leadership and openness of President Museveni as a key factor.

The Special Role of Government

The government has a primary mandate and responsibility to accomplish several tasks:

Collect information on the course and nature of the epidemic. While universities and research organizations can help carry out specific projects, it is the government that has the primary responsibility to collect information on the course and nature of the epidemic. This information is fundamental to a sound understanding and sound responses. Two key instruments are sentinel surveillance and population-based surveys. An effective sentinel surveillance system is not out of the financial range of any African government. Yet there are countries where HIV prevalence is very high that have inconsistent and sporadic sentinel surveillance systems. This shortcoming is not a question of available resources; it is a question of political will.

Develop a program of behavioral research. It is important to know not only the course and nature of the epidemic but also what programmatic interventions can be associated with changing sexual behavior. This is the basis for establishing national priorities. Government has to lead in this area. Without strong political commitment, this work does not get done.

Determine fundamental strategies and interventions and evaluate the costs and effectiveness of alternative interventions. One of the important messages at both the XI International Conference on AIDS and STDs in Africa and the XIII International AIDS Conference was that African countries have to move quickly beyond experimental or pilot activities to programs that cover the entire nation. A corollary idea was that a few programs of national scope will have a much greater impact on the epidemic than a larger number of pilot projects. But it is only the government that can coordinate decisions on which intervention programs are to be given priority and that can provide the political will and resources to see that the programs are implemented nationwide.

Mobilize national and international resources and determine the most efficient, equitable, and effective allocation of those resources. A clear gap exists between the resources needed to address the HIV/AIDS epidemic in sub-Saharan Africa and the availability of resources. As Peter Piot, director of UNAIDS, has observed—we know what to do to address this epidemic; what we need now are the resources and programs and the political will. Governments certainly have to lead in mobilizing not only national resources but also international resources. For example, there has been much discussion about debt swap, whereby the lending countries and institutions would cancel debt if the countries in turn would use the debt service savings to finance HIV/AIDS and other programs that uplift the poor. While civil society engagement is critical to resource mobilization and allocation, governments have a primary responsibility.

What, for example, could a Parliamentarian do now to help control the spread of HIV in Africa?

Share or "diffuse" knowledge about HIV/AIDS among constituents, especially information about transmission, fatal consequences, and ways to prevent infection.

Engage in policy dialogue to ensure that the epidemic remains high on the national agenda.

Participate in strategic planning at national and district levels.

Support the HIV/AIDS programs of nongovernmental organizations and sectoral ministries.

Use influence of position to oppose discrimination against HIV-infected persons.

In his/her legislative and political capacity, support measures to ensure

◗ a sustained monitoring effort and behavioral research program

◗ an environment that is supportive of laws and regulations

◗ strong information, education, and communication; condom use; STD control; and youth education programs

◗ sufficient national and international resources to address the epidemic.

Establish national policies. Comprehensive national policies that address the range of issues associated with HIV/AIDS have become an important step in responding to the epidemic in many countries. Even now, many countries have not completed and adopted national HIV/AIDS policies. Though a broad participation of many segments of society and interested parties is critically important, in the final analysis, it is government that has to lead in the formulation and adoption of national policies (See Stover and Johnston's *The Art of Policy Formulation*).

Develop a supporting set of laws and regulations. HIV/AIDS policies and programs often need a supporting set of laws and regulations. For example, laws that protect the inheritance rights of women and children can do much to alleviate some of the household impacts of the epidemic. Laws or regulations that minimize import duties and taxes on condoms or drugs and gloves to treat other sexually transmitted diseases and tuberculosis can be positive contributions.

Determine operational policies and guidelines. National policies also need to be supported by a whole range of operational policies and guidelines. For example, what drugs will be made available to prospective mothers to prevent mother-to-child transmission? What are the guidelines for providing voluntary counseling and testing services? These operational policies and guidelines are of great import to how a country mounts its response to the epidemic.

In sum, the government has a mandate to ensure that there is an NACP that is staffed, resourced, sup-ported, and skilled so that it can lead a coordinated multisectoral response.

Examples of Leadership Roles

All African leaders have a role to play in combating HIV/AIDS. Some illustrations are included in the boxes in this section, but the roles could be more numerous depending on the leader or the organization. Large employers, for example, have opportunities that others do not. Evidence from Uganda and elsewhere suggests that the spread, or "diffusion," throughout the population of information about the epidemic—its extent, the nature of the disease, how HIV is spread, the fatal consequences, and how individuals can protect themselves and their loved ones—is key to achieving widespread changes in high-risk behavior. Parliamentarians and district, religious, military and police, and business leaders, for example, have numerous opportunities to share information with their constituencies. This is a practical and critically important process to which all well-informed leaders can immediately and realistically contribute.

A corollary—and an important component of political commitment—is that leaders need to use information that is as accurate as possible based on available scientific information. Much of our knowledge about HIV/AIDS in Africa is partial and fragmentary, and there is much leeway for a variety of opinions. Yet it is also clear that leaders can do damage by using available information carelessly or inaccurately.

Along with the diffusion of information, there is a need for openness in dealing with the epidemic. One of

the most common problems in addressing the HIV/AIDS epidemic has been that persons often have avoided learning about or admitting to being infected with HIV because of the stigma attached to the disease and the fear of discrimination. However, avoidance limits diffusion of knowledge about HIV in the general population, and it increases the risk of transmission to loved ones and others. Political and other leaders can help by publicly acknowledging the need to care for and support people living with HIV/AIDS (PLWHAs) and working against discrimination. They also need to aggressively support the human rights of PLWHAs, not only because it is humane but also because it is good public policy that supports openness.

Leaders can contribute also to the growing recognition that the impact of the HIV/AIDS epidemic falls disproportionately on women. For biological reasons, more women than men become infected in a mature epidemic. The burden of care for HIV-infected family members seems to fall heavily on women and girls. Girls are asked more often than boys to leave school to care for ailing family members or replace lost household income.

All leaders can contribute also to a policy dialogue on the HIV/AIDS epidemic that keeps the issue high on the national agenda. Leaders can speak out often about the HIV/AIDS epidemic and state open and strong support for intervention programs. This gives both visibility and credibility to HIV/AIDS intervention programs and helps develop a consensus about the most effective and acceptable prevention and mitigation strategies. Leaders can include HIV/AIDS statements in speeches at all appropriate opportunities.

It is instructive to have specific examples of roles that leaders can fill to help control the spread of HIV in Africa. What follows is a discussion of the types of tasks that politically committed leaders such as parliamentarians, district planners, NGO/community leaders, and religious leaders can carry out.

Parliamentarians

Parliamentarians have an extremely important role as opinion leaders in their constituencies. They have many opportunities to speak at rallies, meetings, and other public events. They also have the opportunity to take a leadership role in organizing HIV/AIDS programs in their constituencies.

District Planners

In many African settings, the HIV/AIDS epidemic is occurring at the same time as decentralization of many government functions to subnational levels, especially to the districts. Increasingly, important decisions on HIV/AIDS activities will be made at the district level, thereby increasing the importance of political commitment at that level.

NGO and Community Leaders

NGO and community leaders have a special role to play as well. Some HIV/AIDS-related issues, most notably the staggering rise in the number of children orphaned by the epidemic, are beyond the capabilities of government and will require strong community involvement. Similarly, while there is an increasing recognition of the importance of integrating HIV/AIDS education into school curricula, community leaders are best-positioned to see that this is done in a sensitive and effective manner.

Help Control the Spread of HIV in Africa

DISTRICT PLANNER

What, for example, could a District Planner do now to help control the spread of HIV in Africa?

Develop as much district-specific information about the epidemic as possible, make it available, and interpret the implications of HIV/AIDS projections for district-level development.

Place HIV/AIDS strategic planning and incorporation of HIV/AIDS into health planning high on the district planning agenda.

Encourage local responses to the epidemic and support involvement of a broad range of governmental and nongovernmental organizations.

Support the development/continuation of HIV/AIDS focal-point persons in the line ministries at district level, and integrate HIV/AIDS activities into sectoral programs.

What, for example, could a Nongovernmental/ Community Leader do now to help control the spread of HIV in Africa?

Contribute to community programs to care for those orphaned by the epidemic and for those otherwise affected households.

Integrate messages and information about prevention, care, and support into ongoing activities, such as youth and adult education.

Identify and serve as an advocate for vulnerable groups; for example, young women and orphaned children subject to sexual exploitation or abuse.

Develop information, education, and communication messages and programs that stress the importance of family and moral values in stopping the spread of HIV; for example, remaining faithful to one partner or encouraging delays in the onset of adolescent sexual activity.

Participate in care and support programs for HIV-infected people.

Participate in strategic planning activities at the district level.

Religious Leaders

Churches, mosques, and other religious organizations are in a unique position to influence HIV/AIDS policies and develop specific programs. Besides government, the religious organizations are the other set of institutions that permeate into all corners of African societies. Churches and/or mosques of some variety exist in virtually every community in every country. Those of the same denomination are linked often with one another through policymaking umbrella organizations. Leaders of religious organizations can develop HIV/AIDS policies and regulatory guidelines within their own organizations and governing bodies and can participate in policy dialogue and program development in the larger community. Religious leaders also can work with one another in the struggle against the epidemic.

In many communities, religious leaders and institutions provide support for both the spiritual and physical well-being of their congregants. Churches and mosques, through their official and lay leadership, can provide the personal, trusted, and face-to-face relationships that can alter sexual risk-taking behaviors. Religious organizations also can play (along with traditional leaders) a central role in ensuring that affected individuals and families receive food, training, and other support.

Political, governmental, nongovernmental, religious, business, education, and other national and community leaders all have a role to play in limiting the spread of HIV, in seeing that people living with HIV and AIDS are able to live secure lives free from discrimination, and in ensuring that people otherwise affected by the epidemic receive necessary support in Africa. If the leaders of

Help Control the Spread of HIV in Africa

RELIGIOUS LEADER

What, for example, could a Religious Leader do now to help control the spread of HIV in Africa?

Integrate HIV/AIDS and psychosocial counseling into youth and adult programs.

Disseminate messages on the ABCs of HIV prevention: Abstinence; Be faithful to one partner; or, in the absence of the first two, use Condoms.

Discourage acts of discrimination or stigmatization against persons living with HIV/AIDS and persons living in AIDS-affected households.

Cooperate with nongovernmental organizations, community-based groups, and other churches in the community to support home-based care programs.

Develop a program of care and support for orphans, widows, and widowers.

Africa all do their share, they can change the course of the epidemic on the continent.

Conclusion

This component offered examples that illustrate the importance of strong political commitment to combat HIV/AIDS. There are practical, affordable, and effective steps that can be taken to strengthen political commitment. These steps and methods are the subjects of the other units in this toolkit series.

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The World Bank. *Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis.* Washington, DC: The World Bank, 2000.

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Internet Resources

The POLICY Project
http://www.policyproject.com

The FUTURES Group International
http://www.tfgi.com

The Joint United Nations Programme on HIV/AIDS (UNAIDS)
http://www.unaids.org

The World Bank, AIDS and Economics
http://www.worldbank.org/aids-econ

International AIDS Economics Network
http://www.iaen.org

Health Economics and HIV/AIDS
Research Division
University of Natal
Durban, South Africa
http://www.und.ac.za/und/heard

The Synergy Project
http://www.synergyaids.com

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Contacts